

# THE MEDICAL AND SURGICAL REPORTER.

No. 666.]

PHILADELPHIA, DECEMBER 4, 1869.

[Vol. XXI.—No. 23.]

## ORIGINAL DEPARTMENT.

### OBSERVATIONS ON THE EFFECTS OF ELECTRIC CURRENTS UPON THE LIVING TISSUES, AND UPON NUTRITION.

By M. M. LEGROS ET ONIMUS.\*

Translated by J. SOLIS CORN, M. D., of Philadelphia.

#### CHAPTER I.

Electric currents in traversing living tissues act in two distinct manners. They provoke, on the one hand, changes due to the properties of the electric currents themselves; and on the other hand, they act indirectly by putting into play the inherent properties of the tissues which they traverse. The first action is purely physical, and is the result of the passage of electricity in any body whatsoever. Without entering into a discussion of the nature of electric phenomena, or examining whether electricity be a form of movement of ether, we may, however, announce that the passage of electricity in a conducting body produces a molecular change in that body, which acquires new properties under this influence. If the body traversed is simple, a metal for example, the phenomena consecutive to the passage of the electricity are purely physical. If the body, on the contrary, is compound, the result is more complex; the molecular change determined by the passage of the electricity produces, at the same time, decompositions, or new combinations, and thus chemical phenomena become added to those which are physical. In living tissues, which possess an inherent activity, the influence of electric currents is still more complicated; for not only do the physical and chemical changes occur, but the normal play of the organic molecules undergoes modification.

We believe it will be useful to study these different actions separately, in order to determine, in the phenomena which accompany the passage of electric currents in living tissues, those which pertain to the electric currents themselves, and those which result from the excitation which the tissues undergo.

#### PHYSICAL EFFECTS.

##### I.

The physical phenomena of electricity are, light, heat, and the non-magnetic mechanical transportation of bodies.

In traversing living tissues, electricity does not produce any phenomena of light, and this is so evident from physical laws that it would be useless to dwell upon the point.

Electric light has, however, some applications in medicine. Dr. MILLIOT has endeavored to employ it to illumine, so to speak, the interior of the body. His researches are not yet complete; but under certain conditions, as we have seen for ourselves, this procedure enables us to distinguish some certain forms of internal organs.

His apparatus consists of a thick glass tube, in which are enclosed the two poles of a powerful pile. He introduces this glass tube within the natural openings of the body—in the rectum for example—and the apparatus once in position the current is established, and a vivid light produced. In favorable cases we can thus perceive the position and form of certain organs, such as the womb, intestines, etc.

Dr. MILLIOT has also employed the electric light to illumine those regions which are ordinarily examined by the aid of specula. In the examination of the deeper portions of the throat and the larynx, this light offers great advantages, and will prove of considerable utility to physicians.

\* Robin's *Journal de l'anatomie et de la physiologie normales et pathologiques*. No. 5. Sept. and Oct. 1869.

## II.

It produces a disengagement of heat in any conductor, which, in transmitting a current, presents some resistance to its passage. Living tissues, being poor conductors, pertain naturally to this category. We have essayed to prove these effects, and we had at first employed a thermo-electric apparatus for this study. We had hoped from our first efforts to have procured results sufficiently marked, but we soon recognized that we were in error; for the deviations of the needle of the galvanometer were due to the electric currents, and not to the changes of temperature.

There being a constant liability to this source of error in experiments of this nature, despite all the precautions which could be taken, we had recourse to thermometers which are extremely sensitive.

M. Walferdin kindly placed at our disposition some thermometers graduated to the hundredth of a degree; but even with these we were not able to determine with sufficient exactitude the differences of temperature due to the passage of the electric currents. The conditions, besides, in which we are placed, are very illy suited to determine to what extent the passage of an electric current elevates the temperature solely on account of the poor conducting power of the tissues. On one hand the tissues are always impregnated with liquids, which renders their changes of temperature less considerable; and on the other hand, in the living tissue, we constantly determine on the part of the muscles or of the circulation, physiological effects which are accompanied by heat. Even upon tissues which are dead, chemical decompositions are provoked in such a manner that it can never be exactly known what should be attributed to the sole influence of the passage of the electricity.\*

The heat developed by the passage of an electric current, in a purely conducting body, such as a wire of platinum, has been utilized in surgery. It is not necessary to detail here, this employment of electricity, which is of great usefulness under a variety of circumstances.

## III.

The phenomena of transportation from one pole to the other are useful to medicine, where they find numerous applications. It is generally admitted that the current passes from the positive pole to the negative pole.

\* M. Schiff believes that he is able to affirm that the almost instantaneous passage of an induction current along a nerve, heats the nerve in an appreciable manner.

It is a certain fact, however, that material particles are transplanted from the positive pole to the negative pole, as is very manifest, for example, in the carbons which are employed for the electric light.

We do not wish to more than mention in this paragraph the employment of electricity for the extraction of metals, as proposed by M. Pœy; nor to treat of other transport of substances to one or the other pole of a pile; for these phenomena depend especially upon chemical action. But we shall insist with some details upon the following facts, which we have verified several times, and which seem to us important in medicine.

Dutrochet had already clearly seen that electric currents augmented the phenomena of endosmose. The following is the most simple experiment of this nature. An endosmometer is prepared in the ordinary manner; that is to say, a tube containing gum water, and closed at one of its extremities by an animal membrane, or a piece of parchment paper is plunged into a vessel containing plain water. Under ordinary conditions we observe the level of the gum water rise little by little, on account of the penetration of the plain water into the tube. If we now place the positive pole into the pure water, and the negative pole into the gum water, the phenomena of endosmose are seen to occur more quickly, and the level in the tube rises more rapidly.

But, on the contrary, if we place the positive pole into the gum water, and the negative pole into the pure water, the level, instead of rising in the tube, falls in a very marked degree. The laws of endosmose are then completely reversed by the influence of the electric current.

The better to prove these phenomena, we performed the following experiments:

We took three vessels containing pure water, and plunged into each of them a tube containing gum water, and closed at its inferior extremity by a membrane of parchment paper. In the first tube we placed one of the poles, and the vessel in which it was contained was placed in communication with the second vessel by a metallic wire. This second vessel communicated by another metallic wire with the third vessel, in the endosmometer of which the other pole was placed. The electric current thus passed through the three vessels and through their endosmometers. A fourth vessel provided with an endosmometer similar

to the others, was placed aside of the apparatus, but without being submitted to the electric currents, in order the better to recognize the normal action of the endosmometer, and detect the differences due to the passage of the electric currents.

Every time, and this in proportion to the intensity of the current and period of application, the level rose upon the side of the positive pole, and fell upon the side of the negative pole.

Contrary to the laws of endosmose, then, the level fell in the denser liquid; an evident enough proof of this action of transportation of the electric currents from the positive to the negative pole.

The intermediate vessel did not present any such change, and the level rose in the endosmometer in the same proportion as in the normal endosmometer. Perhaps, however, a slight difference existed in favor of the endosmometer traversed by the currents.

Reversing the position of the liquids, the inverse effect was produced; that is to say, that placing the denser liquid in the vessel, and the other in the endosmotic tube, we obtained in the normal endosmometer and in that which united the two extreme ones of the series, a descent, more or less pronounced. On the contrary, in the tube which received the positive pole, the descent was more than triple that which had taken place under the usual conditions. In the tube which contained the negative pole, the level, instead of falling, rose several millimeters.

Finally, in employing the same liquid upon both sides of the endosmotic membrane, in order to prevent the phenomena of endosmose, we constantly obtained an elevation of the level at the negative pole, and a depression at the positive pole. In this case the depression was much greater, and the elevation considerably less than when experimenting upon liquids of unequal density and when the poles were plunged in the denser liquid.

In these researches, we employed twelve to fourteen of Remak's elements and elements of sulphate of lead. The duration of the action continued from twenty to twenty-four hours.

The following shows some of our statistics: In an hour and a half, with thirty small elements of sulphate of lead, the level rose eighteen millimeters at the negative pole. In the intermediate vessel the level rose one millimeter, and in the endosmometer which contained the positive pole, the level descended four millimeters. The tube was dilated at its superior extremity, the endosmotic portion being thirty millimeters in diameter, and the tube portion six millimeters in diameter.

With the same disposition of apparatus,

and employing ten Remak elements, during twenty hours, the level rose at the negative electrode seventy millimeters and it fell twenty-three millimeters at the positive pole. In the intermediate vessel, the level rose fourteen millimeters; and in a fourth endosmometer unconnected with the current, the level rose twelve millimeters in the same time.

It appeared to us important to examine the influence of induced currents under the same conditions. The extra current alone gave us results somewhat analogous. With very strong currents where action was prolonged for twenty-four hours, it was difficult for us to detect any difference between the two poles.

We may tabulate these experiments as follows:

Water both in exterior vessel and endosmometer.	Solution of gum in exterior vessel. Water in the endosmometer.	Solution of gum in endosmometer vessel. In exterior vessel.	Normal endosmometer (not under electric influence.		CONSTANT CURRENT.		EXTRA CURRENTS.		Induced currents of the first order.
			Pos. pole in endosmometer.	Neg. pole in endosmometer.	Pos. pole in endosmometer.	Neg. pole in endosmometer.	Pos. pole in endosmometer.	Neg. pole in endosmometer.	
Nothing.	Falls.	Level rises.							
Falls.	Falls still more.	Level falls.							
Rises.	Rises.	Level rises much more.							
Nothing?	Falls. Slightly differs from normal.	Level rises, but perhaps a little more than normally.							
Nothing?	Falls. Slight difference from normal.	Level rises, but perhaps a little more than normally.							
Nothing.	Falls.	Level as normally.							

Then instead of employing tubes separated by endosmotic paper, we performed the same experiments with eggs, of which we broke the shells near the air chamber, maintaining the proper membrane of the egg intact. We obtained the same results with this exception,—that the coagulation of the albumen engendered considerable inconveniences.

There is evidently more than a simple physical action in all these effects; there is, in addition, an energetic chemical action; and in a medical point of view it is of capital importance to be aware of this action of electric currents. Besides, we notice already, in these phenomena, a very trenchant difference between the effects of the continuous and those of the induced currents. The one has an action of transportation sufficiently considerable to produce results contrary to the very laws of endosmose; the other, on the contrary, has no influence of this nature, at least in the conditions in which it is employed in therapeutics.

It was this principle that actuated Remak when he counselled the placing of the positive pole upon oedematous parts, and the negative pole higher up upon the sound parts. The idea is logical, certainly, and, in fact, this mode of application gives very good results; but, as we have already mentioned, phenomena are always more complicated in living tissues than in experimental tissues.

In experiments upon the circulation, we have observed that the vessels contract at the positive pole, while, on the contrary, they dilate at the negative pole; and this purely physiological action contributes, in great extent, to the dissipation of the swelling and the removal of the fluids which give rise to the oedematous condition.

The influence in these cases, then, would be due to two actions, the one purely physical, and the other vital; but each, far from destroying the other, actually increasing the joint effects.

When the blood in the vessels is completely withdrawn from the heart and the action of arterial contractility, the movements of translation which have constantly taken place from the positive to the negative pole, may be determined for some time. We have observed movements of this nature, under the microscope, upon capillaries belonging to tissues recently separated from the animal. The blood, before its coagulation, being immobile in the vessels, we perceive, at the moment of applying the poles, the circulation run for

several instants with considerable energy; and the sanguineous current is always directed toward the negative pole.

Upon the skin, denuded by two small blisters, we placed at one side the positive pole of 20 Remak elements, and upon the other side we placed the negative pole. Ten minutes after the electrization, the sore in contact with the positive pole was dry, while a new blister of considerable extent had formed at the negative pole.

Alexander Von Humboldt, in 1795, performed a somewhat analogous experiment upon himself. He caused two blisters to be applied upon the region of the two shoulder blades. The blisters, being pierced, the serous liquid which ran from them was colorless; then having had the right sore covered with a thin plate of silver, the conductor of the zinc pole was placed in contact with this plate, when he experienced a very painful smarting, which was followed by a fresh escape of liquid; to the great astonishment of his assistants, this liquid, at the end of some seconds, presented a reddish color, and in those portions of the back whence it escaped, it formed, during its passage, reddish blue lines. The sore on the left side contained, on the contrary, a liquid altogether colorless.

This experiment shows us, at the same time, the influence of the voltaic current upon the circulation; for "the bluish red lines" were nothing else than the sanguineous vessels tumified. Besides, as in the physical phenomena of the transport from one pole to the other, it is difficult to demonstrate that there exists a particular mechanical effect, apart from the electrolytic chemical effect; so also with living tissues it is impossible to separate well that which is alone due to the physical action of the current, from that which results from the augmentation of the circulation at the points of application of the electrodes.

#### IV.

Beside these physical phenomena, there are still others, whose properties have been utilized in medicine.

Thus it is, that in certain cases, it has been proposed to remove foreign metallic bodies imbedded in the tissues, by means of magnets. We can also, by means of the electric current, recognize whether a ball, for example, is retained in the organs; and quite recently a little apparatus has been constructed for this special purpose.



Finally, in terminating this chapter, we deem it useful to mention in addition:

That the passage of currents in platinum wires contracts them, and that it has often been proven that the copper wires which serve as conductors become very brittle. But there is a great difference in this respect between induced and continuous currents. M. Rhumkorff has assured us that the copper wires used to transmit induced currents, break much more frequently and more promptly than those which are used to transmit continuous currents.

(To be continued.)

### HOSPITAL GLEANINGS.

By J. B. BURNETT, M. D.,

of Newark, N. J.

#### CASE OF TRAUMATIC TETANUS.

William Hannigan, æt. 18, a native of New York, single, and a laborer, was admitted to Bellevue Hospital on October 16th. About four weeks ago he was assailed by a man who inflicted an injury on the posterior part of his head with a stone. At the time he did not consider the wound of much account, and continued at his employment until two weeks ago, when he was seized with stiffness and rigidity of the muscles of the face and neck, and then of the back. In two or three days more the whole muscular system was tetanically affected. On the day after admission he presented the following symptoms: He was semi-conscious; there was universal muscular rigidity. There was a scalp wound about an inch in diameter, with depression of bone to be felt near the occipital prominence. There was also an eruption upon his body of syphilitic lichen. When movement of the limbs is attempted, the muscles are thrown into clonic spasms, which seem to cause the patient considerable pain. The bowels are regular; the urine is normal in quantity and character; reaction acid.

*Treatment.*—Whisky,  $\mathfrak{zss}$  every half hour, with pills of quinine and opium, one every two hours.

*October 18th.*—He is conscious and answers questions in a rational manner. No convulsive movement except when irritated. Muscles rigid; secretions normal; no pain. The wound dressed with lint.

*October 19th.*—Symptoms about the same; continue treatment; increase whisky to  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$  every hour.

*October 20th.*—Pupils are contracted under the influence of the opium. Lies quietly in bed. When movements of the body are attempted, the muscles are thrown into action, and cause severe pain. Has some pain in the head. Trismus well marked. The mouth opens wide enough to permit the introduction of liquid nourishment. Pulse, 80; respirations normal.

*October 21st.* Muscles quite lax; opens the mouth wider than yesterday. Pulse, 100, soft and feeble; respirations normal; appetite good; no pain in the head.

*Treatment.*—Whiskey,  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$  every hour; also,

R. Quiniae sulph.,	$\mathfrak{z}\mathfrak{j}$ .
Morphine sulph.,	gr. $\mathfrak{ss}$ .
Acidi sulphurici,	gtt. $\mathfrak{xxx}$ .
Tr. cinch. co.,	f. $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ . M.

S. Teaspoonful every hour.

*October 22d.*—Symptoms about the same. Treatment continued.

*October 24th.*—He now suffers from frequent spasms, attended with considerable pain. The muscles are more rigid than when last examined. Trismus more marked. If he attempts to answer questions, he is immediately thrown into violent tetanic spasms. Bowels regular, as also the urinary secretion, in quantity and quality. Pulse, 108; respirations normal.

*October 26th.*—Lies quietly in bed. Muscles still rigid, though less so than when last examined. He opens his mouth without difficulty. There is loss of vision, with the pupils contracted. Pulse, 98, and feeble; respirations, 15 in the minute.

*October 27th.*—Muscles less rigid; opens the mouth with but little exertion; vision good. Pulse and respirations natural. Appetite good; bowels constipated. Wound suppurating well. To take olei ricini,  $\mathfrak{z}\mathfrak{j}$ .

*October 30th.*—The muscles are again quite rigid, and he can, with great difficulty, open his mouth. He rests without spasms. The bowels moved freely. The treatment the same, save that the whiskey is reduced to  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$  every hour.

*November 1st.*—Muscles still rigid. Opens the mouth half way. Bowels regular. Pulse, 110. Eats well.

*November 2d.*—Last night he was attacked with delirium; incoherent talking, etc. The whisky was diminished to  $\mathfrak{z}\mathfrak{j}$  every hour. He is not entirely free from delirium now. The muscles are less rigid than yesterday. Excretions normal. Treatment in other respects the same.

*November 3d.*—Lies quietly and sleeps most of the time. He is semi-conscious. Muscles rigid. Has spasms occasionally. Pupils contracted; pulse, 100, and feeble. Tongue dry; sordes about the teeth; picks his bed clothes, and seems subject to hallucinations. Wound secretes little.

*November 4th.*—Lies quietly and breathes stertorously. No spasms or muscular rigidity. Pupils contracted, and do not respond to light. He cannot be aroused. Pulse, 130; respirations, 30 per minute. There is a purulent discharge from the left ear.

*November 5th.*—The aural discharge continues. Pupils contracted; no delirium. Is much prostrated. Answers questions when loudly spoken to.

Died November 6th, 12 M.

*Autopsy on November 8th.*—Rigor mortis well marked. On removing the scalp, a depression of bone is seen near the occipital protuberance, about an inch in diameter. On removing the calvaria, a clot of blood was found about the size of a pigeon's egg, immediately under the depressed bone. There are some traces of meningitis, but not extensive. The brain, aside from the clot and meningeal inflammation, is healthy. The other organs of the body are healthy. There is but one kidney, and that is of a horse shoe shape. Nothing could be found to account for the discharge from the ear.

#### PUERPERAL CONVULSIONS—DEATH.

By W. D. HALL, M. D.,

Of Renovo, Pa.

As the treatment of puerperal convulsions seems to be an important topic in the medical world just now, I send you a report of the only case it has been my misfortune to witness during almost eight years of practice. There are two points which make it particularly interesting: one is the failure of bromide of potassium to arrest the paroxysms; for, if we take the generality of cases reported in the journals, it has come to be regarded as almost specific in the disease in question.

The other is in regard to the power of sulph. morphia to relax a rigid os uteri which has recently attracted considerable attention. Although not given in this case when that condition was known to exist, it probably did exist at the time the last dose of the medicine was taken, and if the medicine was given be-

fore and really has the power claimed for it, it should have prevented that state.

On the morning of 14th of October last, my partner, Dr. J. P. Ashcom, was called at 3 A. M. to see Mrs. McC., who, it was supposed, was about to be confined. When the Dr. arrived at the house he found his patient, who was a primipara *set.* 24 and rather robust, suffering from pain which she said was "all through" her, but most severe in the stomach and accompanied with slight uterine pains. An examination revealed no dilatation of the os. The Dr. administered a fourth of a grain of sulphate of morphia and went home, leaving order to call him should she not get better. About 7 A. M. her husband called and said his wife was no better; he was given another dose,  $\frac{1}{4}$  of a grain of morphia, and requested to give it as soon as he arrived at home, which was three squares from our office, where he had given him the medicine. He gave the medicine as directed. At 11 A. M., Mr. McC. came to the office in haste, stating that his wife had a fit. Dr. A. went immediately to see her, and finding the statement correct, at once dispatched a messenger for me. When I arrived she was just recovering from the convulsion, and seemed to be partially conscious; would, when loudly spoken to, open her eyes, but did not answer.

After consultation, we decided to give her bromide of potassium, and succeeded in getting her to swallow ten grains in solution. We also concluded to give her a purgative injection, which became more important, as we now learned that she had eaten a large quantity—a quart her neighbor said—of chestnuts the evening before. I went to the office to procure a syringe, and on returning was informed that she had had another fit. She was talking incoherently; seemed determined to get out of bed, and had to be held to prevent her from doing so. Her pulse, as it had been from the time I first saw her, was 130, irregular, and very feeble, so much so as to preclude the idea of bloodletting. We gave her another dose of the bromide, this time fifteen grains, and an injection of salt water, which operated well, bringing away a large quantity of fecal matter, after which she seemed conscious, revived considerably, and answered questions readily. I should have stated before, that when I first arrived, we (Dr. A. and myself) examined into the condition of the womb, and found it dilated to the size of half a dollar, but the os was very rigid. We now examined

again, and found it in the same condition. I returned to the office, there remaining until 3 P. M., when Dr. A. called and stated that he had administered another fifteen grain dose of the bromide, and that she had had another fit. She was in a worse condition than at any previous time. He had made another examination, and found the os still unyielding. His opinion was that she would die. After due deliberation, we decided to try to dilate the os with ext. belladonna, and, if successful, deliver with the forceps. The belladonna was applied directly to the mouth of the womb, which dilated in five minutes. The forceps

were immediately applied, and just as the head was born she became again convulsed and died. This was at 4 P. M. She had taken forty grains of bromide of potassium in about four hours—doses two hours apart. Dr. A. remained with her all the time after her first paroxysm, except a few minutes spent in procuring the forceps.

[To have thoroughly tested the bromide of potassium in this case, it should have been given in 5ss. to 3j. doses, repeated as often as indicated. The fault in using the bromide is in giving it in *too small doses*, generally.—EDS. MED. AND SURG. REPORTER.]

## EDITORIAL DEPARTMENT.

### Periscope.

#### Locomotor Ataxy.

Professor BALL, of Paris, in the *Medical Times and Gazette*, speaks as follows of the nature of this disease:

We shall not attempt to define the nature of a disease, the anatomical characters of which are so imperfectly known; but, without entering the field of conjecture, we may at least indicate the direction in which the progress of modern science seems to lead us, and show to observers who may enjoy an opportunity of studying facts of this nature, in what sense it will be useful for them to prosecute their investigations. Physiology and pathology are at one in demonstrating the influence which the nervous centres exercise over the nutrition of all the tissues of the body. Is this power exerted through the medium of certain nutrient nerves? or is it, on the contrary, dependent on the great sympathetic? This point yet remains to be decided. Fortunately, however, for us, the question at present under discussion may be considered from another point of view.

Vivisections demonstrate, and the fact has also been proved by clinical observations, that neither the morbid alterations of the posterior columns, nor those of the anterior and lateral columns of the spinal cord produce any change in the nutrition of the parts dependent on them.

Derangement of sensation and power of movement, ataxy, paralysis, paraplegia, such are in similar cases the symptoms observed, but lesions other than these are needed to explain the phenomena of atrophy. Complete section of the spinal marrow could not alone produce such effects; isolated from

its superior centre, the inferior portion of the medullary axis continues to live, and suffices, in a certain degree, for the support of those regions in the body dependent on it. This is the reason why, in certain individuals suffering from paraplegia, the influence of the spinal cord may be interrupted completely by some considerable morbid change without any symptom of atrophy declaring itself in the lower extremities. As regards the sloughing of the sacrum and the heels, as regards the want of vitality in the external teguments, which so often declare themselves in similar cases, these must not be classed with the atrophy, so marked and so rapid in its development, which invades the articular extremities in those cases of ataxy which we have detailed; besides, these latter depend probably on special lesions, of which we shall now speak.

The researches of modern histologists, and especially of Valentiner, Luys, Lockhart Clarke, and Chareot, tend to connect progressive muscular atrophy with the destruction of the nerve cells which occupy the anterior cornua of the grey substance. Should further researches enable us to establish a constant connection between these two lesions, it will then be demonstrated that the nutrient centre of the muscular system resides in a given point of the spinal axis. But that which may be proved true according to this hypothesis, as regards the muscular system, may perhaps hold good, in an equal degree, in reference to the articulations, the health of which, in a great measure, depends on the integrity of the nervous centres.

It has been shown that traumatic lesions of the spinal marrow give rise to morbid changes in the corresponding limb, analogous in their nature to those we have been considering. But since the pos-

terior column of the spinal cord as well as the anterior and lateral ones must be excluded from the question—since, in short, complete section of the spinal marrow is incapable of producing such phenomena—it remains for us to search for the cause on which they depend at some point or other of the grey substance. Hence may be derived that trophic influence which sends forth nourishment to those regions of the body in which the morbid process is manifested. It is, therefore, obviously our duty to examine with care the condition of the spinal marrow, and more particularly its central portions, in all persons dying of ataxy, or of any disease, complicated with this affection, whenever the opportunity presents itself.

Meantime, while waiting the occasion for carrying out such researches, it might be well for us to endeavour, by means of vivisections carefully conducted, to produce articular affections similar in character to those which form the subject of our paper.

#### Interesting Observations.

The compound of foolhardiness which is developed now-a-days in the form of Alpine climbing has been applied by M. Lortet, of Lyons, to scientific purposes, and he has expended much time, money, and trouble in the investigation of phenomena which, at least, can never harm sensible people, but which is interesting from a medico-scientific point of view.

M. Lortet ascended on the 17th and 20th of August, to the summit of Mont Blanc, furnished with all the instruments necessary to investigate physical effects, amongst which were the anapnograph of MM. Bergeon and Kastus, the sphygmograph of Marcy, thermometers, etc.

M. Lortet has experienced and verified all the phenomena known under the name of *mal des montagnes*, consisting principally in acceleration of respiration, frequency and feebleness of the pulse, lowering of temperature during the journey, and its return to the normal condition during rest, muscular fatigue, loss of appetite, occipital headache, nausea, somnolence, etc.

He attributes, like M. Gevarret, the coldness of the body during exertion to the insufficiency of the internal combustion which, to maintain the temperature, has to contend at once against the extreme cold and the loss of heat transformed into mechanical work. The other symptoms are the consequence of the cooling, and probably of the vitiation of the blood by carbonic acid, where elimination is incomplete.

#### The Effects of Tobacco on the Human System.

DR. WILLARD PARKER, of New York, says in a recent letter:

That tobacco is a poison is proved beyond a question. It is now many years since my attention

was called to the *insidious* but positively destructive effects of tobacco on the human system. I have seen a great deal of its influence upon those who use it, and work on it, or in it.

Cigarmakers, snuff manufacturers, etc., have come under my care in hospitals and in private practice; and such persons *never* recover soon, and in a healthy manner, from any case of *injury* or fever. They are more apt to die in epidemics, and more prone to apoplexy and paralysis. The same is true, also, of all who *chew* or *smoke much*.

This poison enfeebles the mind. The Emperor Napoleon had his attention called to this subject in 1862 by a scientific statistician. It was observed, from 1812 to 1862, that the tobacco tax averaged twenty-eight millions of francs annually, and there were eight thousand paralytics and insane in the hospitals of France. In 1832 the tobacco revenue had reached one hundred and eighty millions, and in the hospitals were forty-four thousand paralytics, etc. The undoubted inference is that tobacco has a strong influence in producing these classes of nervous diseases.

A commission was then appointed to inquire into the influence of tobacco in the schools and colleges. After a full and careful investigation this commission reported that it had divided the people into two classes—the *users* and *non-users* of tobacco, and then proceeded to compare them, physically, intellectually, and morally. The result was that those who do not use tobacco were stronger, better scholars, and had a higher moral record. In consequence of this report an edict was issued prohibiting the use of tobacco in these national institutions, by which thirty thousand persons were at once forced to abandon it.

#### Treatment of Syphilis in France.

The Paris correspondent of the *Press and Circular* says:

In my first visit to the Hôpital du Midi, I saw in the wards of Dr. Charles Mauriac a most well-marked case of double synovitis of the knee-joint distinctly gonorrhoeal in its character. The man had suffered from the complaint thrice. As some among our ingenious brethren here seem to wish to cast doubt on the existence of gonorrhoeal rheumatism (I think Mr. Skey is among the number), I can only say that this one case would, I think, have made them believe in the reality of the disease for the rest of their life. Among the details of the practice observed by me at the Midi, I saw that Dr. Mauriac was in the habit, in almost all cases, of using blisters, or iodine paint, to endeavor to stop the onward progress of suppurating buboes, and, apparently, with considerable success. His application to soft sores was invariably the solid stick of nitrate of silver, and this, with the tincture of iodine, he also applied to chancreous buboes when they would open,



notwithstanding the application of blisters. Well, you will ask, how did he treat syphilis? To this I reply, that M. Mauriac is a mercurialist, and that the same formulæ as were made use of in the days of the illustrious M. Ricord still remain vogue at the Midi at present. Here is a formula of the pill still used at the Midi for syphilis—"1st. To take morning and evening, fasting, one of the following pills:—Protoiodide of mercury, .003 centigrammes, (about gr.  $\frac{1}{2}$ ); extract of quinia, .006 centigrammes; extract of opium, .001 centigrammes; to make a pill of which make 60. 2nd. Avoid all excess and all fatigue; substantial diet." All this is written in French, not in dog-Latin, as we do. Another favorite mercurial prescription with Cullerier was as follows:—"1st. To take morning and evening, fasting, in half a glass of sugar-water, and to which are added some drops of orange-flower essence, a tablespoonful of the following mixture, viz., liquor of Van Sweiten (a solution of perchloride of mercury), 500 grammes. 2nd. Avoid all excess and all fatigue, and take substantial diet." Lastly, in order to give our friends the mercurialists a choice of their weapons, is added the following:—"1st. To make, morning and evening, on the internal aspect of each thigh, above the knee, incision with the size of a hazel nut of the following ointment:—Neapolitan ointment, 60 grammes (i. e., unguentum hydrargyri), and cover the parts anointed with a flannel compress. 2nd. Avoid all fatigue, and eat well." Some mercurialists have a taste for their favorite drug in all stages of syphilis, so, to suit them, the following prescription is among the *armamenta*:—"1st. To take at night, on going to bed, a tablespoonful of the following mixture:—Biniodide of mercury, .025 centigrammes (about gr. iv.); iodide of potassium, 25 grammes (about 3  $\frac{1}{4}$ ); syrup of saponiare, 500 grammes (about 16 ounces). (This gives about gr. 1-6th of the biniodide, and gr. x. of iodide of potassium as a dose)." All of these prescriptions are, as perhaps you know, disliked by myself and the non-mercurial school; but the following prescription is employed by all of us, as well as by the staff of the Midi in tertiary lesions:—"1st. To take, morning and evening, a tablespoonful of the following solution, in a cup of infusion of saponiare, viz, iodide of potassium, 30 grammes to a water litre" (about gr. vijs. to each dose). I must not omit to say, that the treatment of the initial lesion of syphilis has the following consecrated to it:—"1st. To take every two days, for a week, fasting, in the morning, a litre of infusion of herbs, in which shall be dissolved one of the following, sulphate of magnesia, 90 grammes (i. e., 3iij) divided into three parts. 2nd. Smear the parts affected morning and evening with the size of a hazel nut of the following pomade:—Neapolitan ointment, 30 grammes, (i. e., mercurial ointment); extract of belladonna, 6 grammes, (3iiss.); and

cover them entirely with cataplasms of linseed meal. 3rd. Every two days, an entire bath, of one hour's duration. 4th. Avoid all excess and fatigue, sober diet and absolute rest of the organ."

I have now, I think, exhausted the list of prescriptions for that formidable disease, syphilis; but, perhaps, some of your readers may wish to know how they treat chancres at the Midi, I mean soft suppurating sores. Well, the first of these prescriptions is as follows:—"Dress the affected part three or four times daily with lint, soaked in the following solution:—Nitrate of silver, one gramme; distilled water, 20 grammes." The next prescription is as follows:—"1st. Powder thrice a day the affected parts with a pinch of the following powder:—Iodoform finely powdered, 3 grammes; having washed them first with fresh water; avoid all excess and fatigue, and keep the parts quite at rest." The next prescription for soft chancre is:—"1st. Dress thrice daily the affected parts with lint smeared with the following ointment:—Ceratum opii, 20 grammes; calomel, 10 grammes." The next prescription is, I presume, for chancres beneath the prepuce, it is, "Make four times a day an injection between the prepuce and gland with the following solution:—Nitrate of silver, 2 grammes; distilled water, 60 grammes. Take a bath every two days." The last prescription for chancre is as follows:—"Dress, seven or eight times a day, the affected parts with lint dipped in water, in which one of the following is dissolved:—Chlorate of potash, 40 grammes (3i., 3iiss.); divide into four parts."

#### The Climate which Cures Consumption.

A series of valuable articles have appeared in the *Medical Times and Gazette*, on the climate of the Peruvian Andes.

We will suppose our readers acquainted to some extent at least, with the recommendations that have been bestowed both on the Cordilleras of the Andes and on the plateaux of Mexico of the cure of phthisis pulmonalis. In speaking of the last named locality Dr. Jourdanet strongly insists that this beneficial effect is altogether, or in greater part, due to elevation in soil, and not to the degree of latitude. Dr. Smith, whose experience was gathered from Peru, expresses himself as follows:—"Incipient tubercular phthisis, with more or less hæmoptysis, is one of the most common pulmonary affections known in Lima and other parts of the coast of Peru. \* \* \* It is a disease that is certainly cured by removing the patient from the coast to the open inland valley of Zanja, which runs from ten to twelve thousand feet above the sea level. \* \* \* This fact has been known and acted upon from time immemorial by the native inhabitants and Physicians; and I have," says Dr. Smith, "sent patients from the capital to Zanja in a very advanced state of phthisis, with open ulcera-

tions and well marked caverns in the lungs, and have seen them again, after the lapse of a little time, return to their homes free from fever, and with every appearance of the disease being arrested, but in many instances it would, after a protracted residence on the coast, again become necessary to return to the mountains, to prevent a recurrence of the disease." Dr. Scrivener expresses himself in the following terms—"I have traversed these mountains on many occasions, and am therefore able to form an opinion of the salubrity of the climate, as also of that on the route from the province of Cordova to the Pacific. All over this vast tract of land, that fatal enemy to man, the tubercular phthisis, so justly feared by the inhabitants of Lima and Buenos Ayres, is entirely unknown. During a residence of nearly ten years in different and widely spread districts of the whole country, I never saw nor heard, either directly or indirectly, through my intercourse with others, of the existence of that disease. In the mountains of Cordova, as well as on the Andine heights, the patient will find his disease alleviated and in time removed (let him come from what quarter of the globe he may) by the hand of Nature. There pulmonary complaints are never known to originate, and there those who suffer from it on the borders of the Parana and the river Plate, seek and find a permanent cure for their ailments proceeding from all affections of the lungs. We would recommend," he further says, "the mountains of Cordova to consumptive patients in preference to the Andine heights of Bolivia, as being nearest the river Plate, and containing a greater variety of objects to divert the attention and amuse. The facility of transport, the shortness of the passage, combined with a well-founded hope of renovating the health, will be of themselves sufficient reasons for undertaking the journey. The mountains of Cordova are 4000 feet above the sea, and about 800 miles from La Quiaca, the northern boundary of the Argentine Confederation, where commences the Bolivian territory, and here the Cordilleras of the Andes, or otherwise the Andine heights, are seen in all their splendor and magnificence. Between the two territories, however, the journey is made by mules; there is no carriage road.

It behooves us next to inquire how far and with what facility the heights of Cordova are accessible to patients proceeding thither from Europe. Let us suppose all of war at an end, the distant echoes of which are now heard brokenly on the road, and the journey already adventured on. The passage from England to Buenos Ayres may be made in as short a period as thirty-four days. There are several lines of merchant steamers from London and Liverpool, as well as the Government vessels from Southampton and Bordeaux, which arrive at Buenos Ayres every month. From this port you embark in a steamer for the port of Rosairo, which is most beau-

tifully situated on the banks of the river Parana, and is the finest port in the Argentine Confederation, at which you arrive in about twenty-six hours. From thence you take the Argentine Central Railway, and arrive at the city of Cordova upon the same day. Here commence the serraicas or mountainous districts, which extend to the valley of Rimac, comprising an area of about a thousand leagues. "We believe," says our author, "that at no distant time a public establishment will be founded in the mountains of Cordova for use of consumptive patients. Should this be the case, we can vouch that there will be no lack of visitors willing to support the establishment and anxious to aid it by their means in exchange for the benefits they have received there. The natural grandeur and magnificence of the mountain scenery would also contribute in no small degree to the attractions of the place and the benefit of the invalids. The city of Cordova is situated in a deep valley on the banks of a river amidst the most varied and beautiful scenery. Ascending from the city to the mountains, the traveller finds every variety of climate, with a difference of temperature at every ascent. In these varieties of temperature he will be certain to find one that is suitable to his complaint and agreeable to himself. The tops and sides of the mountains are covered with trees and shrubs, and the soil of the valleys is rich and very fertile, producing Indian corn, wheat, barley, sundry fruits and vegetables, and whatever the husbandman may desire to cultivate. Cattle, horses, mules, with sheep, roam in great herds on most excellent pasture. Huarracos and other wild animals inhabit the mountains. The wool of the sheep is of superior quality, and highly prized in the European markets. There are a great variety of trees in the plains, many of which are very lofty, and their branches form an agreeable shade, as well as add to the beauty of the scenery. The timber of these trees is of superior quality, well suited for the construction of houses and in the manufacture of furniture, etc. There are mines of gold, silver, copper and iron; the latter is abundant, and in good quality. There are also marble quarries, and the marble is very fine and of different colors; limestone of an extremely white nature is abundant—in short, there are few spots in the world where Nature has lavished such a variety of animals, vegetables, and mineral productions as in the province of Cordova.

#### Hypodermic Injections in Syphilis.

A writer in the *Medical Times and Gazette*, says: The subcutaneous injection of corrosive sublimate in the treatment of syphilis has been tried on an extensive scale in Germany and France, and recently Professor v. Sigmund, the celebrated Vienna specialist, has just contributed an account of the results of the trials that have been made in his Hospital.

These have been 113 in number, comprising all the forms and complications of the disease. Most of the patients have been females, several of these being pregnant or puerperal women. None of them were younger than 18, and only three above 40, and for the most part they belonged to the working classes. In the majority nutrition had not become impaired through syphilis. In those in whom it was defective this was attributable to tuberculosis, intermittent fever, cachexia, and inveterate syphilis, as also to loss of blood on delivery. Some of the patients had already been under treatment by means of other forms of mercury.

The injection employed was that recommended by Professor Lewin, of the Berlin Charité, viz., 4 grains of the sublimate to the ounce of distilled water. In order to prove successful, the injection must be performed with the greatest care and delicacy, good syringes with very fine and sharp canulae being chosen. The best places for injecting have been found to be the outer side of the thorax, the abdomen, the upper part of the haunch, and the outer side of the upper arm, while the lower half of the haunch, the lower extremities in general, the back, and the inner side of the arm are to be carefully avoided. Patients treated by other Practitioners have applied to Professor v. Sigmund on account of extensive and tedious infiltrations surrounding the points of injection, and sometimes obstinate ulcerations, and in these cases the injections have usually been made on the back, and in most troublesome cases on the inner surface of the thigh. In his own clinic he has met with very few cases in which any considerable inflammation was produced. But then not only were the injections skilfully performed, but the patients were kept quiet, avoiding all motion and compression. It is a good rule to perform the injections in the evening in those patients who are unable to remain at rest during the day. In Hospital practice the patients did not make any objection to the numerous punctures sometimes required; but in private practice the accompanying pain and subsequent inflammation are much less patiently borne. In most patients one injection was made per diem, and in several in two places, without any local inconvenience arising. But in some of them stomatitis was very quickly produced, without being attributable to any other cause. The number of injections has been very different, but when the treatment has been pursued uninterruptedly they have averaged between twenty-nine and thirty, carried over a space of five, and not infrequently six or seven, weeks. The most unpleasant consequence observed has been the stomatitis, which in some cases has been very rapidly produced, sometimes even in six or seven days, and even quicker when the injection has been performed twice a day. This is, indeed, most surprising, when we consider how little of the sublimate (often scarcely half grain) has

been introduced at a distant part. The mucous membrane of the mouth is alone affected, the salivary glands being little, if at all, concerned. As to the general result of his experiments with these injections, which, however, he acknowledges are at present insufficient in number, Prof. v. Sigmund considers they are an inferior means in the treatment of syphilis to the methodical mercurial inunctions which he has so long employed. Still in certain cases he regards injection as a valuable additional means of treating the disease. It is so in individuals who, from any cause, are unable to undergo inunction, and in those whose digestive organs are in a condition not to admit of their employing mercurials by the mouth. He has seen popular syphilis of young infants advantageously so treated, but they were children who were well fed and carefully looked after. He thinks great caution should be used with this means in patients suffering from kidney disease, as he has known such cases to become aggravated. Finally, all hygienic precautions are just as necessary in his mode of treating syphilis as in any other.

## Reviews and Book Notices.

**Aiken, or Climatic Cure.** By Amory Coffin, M. D., and W. M. Geddings, M. D. Charleston. 1869. Pamphlet, pp. 53.

The authors of this work appear to be residents of Aiken, and their description of that locality as a health resort is therefore accurate, even if a little highly colored. For a certain class of cases the highland region along the Southren Apalachians is very well adapted. But the reasoning on the general question of "climate and health" is open to criticism, as for example in the articles on "Humidity," and on "Equability." To say, that "nowhere in meteorology do we find an agent more potent in the production of pulmonary consumption, or one which exercises a more deleterious influence than moisture" (pp. 28, 29), is singularly incorrect, as some of the most famous resorts for consumption is where the atmosphere is nearly at the point of saturation. Evidently the writers imagine the rain fall of a place to be indicative, or nearly so, of its moisture, an error often perpetrated. It is singular how widespread is the ignorance of medical climatology.

### Scientific Zeal.

Professor Mantegazza, the physiologist, was recently engaged in investigation on the lowest forms of life. Believing that he could detect the very beginning of organic existence in an infusion he had made, he kept his eye steadily upon it, in the microscope, for sixteen hours, without intermission, until compelled by exhaustion to leave it.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 4, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

**Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.**

**Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.**

**To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.**

**We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.**

### NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. **WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY.** If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it shall be no fault of ours. We shall expect—and have a right to expect, a commensurate support.

For new subscribers we make the following **LIBERAL OFFERS**:

1. To any of our present subscribers who will send us a new name, a copy of the **PHYSICIAN'S DAILY POCKET RECORD**; and credit on the books, etc., for more than one name, to the amount of one dollar for each name.

2. New subscribers who remit \$5, will be entered to the end of 1870. Those who send in their subscriptions soon, will therefore receive the **REPORTER** for **FOURTEEN MONTHS** for Five Dollars!

### PORTRAIT OF DR. GROSS.

As a **NEW YEAR'S PRESENT**, we propose to send our subscribers in the issue of the **MEDICAL AND SURGICAL REPORTER** for January 1st, 1870, a *Splendid, First-Class, Original STEEL-ENGRAVED PORTRAIT* of

**SAMUEL D. GROSS, M. D.,**

Professor of Surgery in the Jefferson Medical College of this city.

**A few ARTISTS' PROOFS of the Portrait will be struck off on boards of a size suitable for framing. Price \$1.00 each.**

### WOMEN AT CLINICS.

The press of this city, during the past week, has continued to discuss the action of the Medical Colleges in reference to women being present at clinics where men are exposed. We regret that they seem inclined to take the view, which is wholly groundless, that opposition to the presence of women means opposition to women studying medicine. This is an error. Those who object to the step taken by the female medical students, do it solely on the ground of propriety. They think that the

native modesty of medical students and clinical teachers ought to be spared. They have not that excellent faculty of seeing so clearly the "impersonality of science," as the ladies express it, when women look at naked men, and not seeing it at all when men look at naked women. Their modesty is shocked, and as any ordinary woman not thoroughly imbued with the impersonality of science would feel a little awkward, we suppose, in lecturing to a mixed class on gonorrhea in the male, illustrated by clinical examples, so these gentlemen cannot but have some sentiments of the same kind.

Such feelings the ladies seem extremely unwilling to allow, or to take into account. Yet we assure them that, strange and even inexplicable as it may seem, to them, it is an actual fact that it is a disagreeable thing for a medical lecturer, who is a gentleman and a man of refinement, to expose the private parts of males to classes of young ladies. We ask them to think well about this strange sentiment for it actually exists.

### THE WOMAN QUESTION IN NEW YORK.

The interest excited by the determination of the female students of medicine in this city to attend lectures in connection with male students has led to an expression of opinion among the students at Bellevue Hospital Medical College. At the close of a lecture by Professor HAMILTON, an invitation was extended to the students to remain in the hall when the exercises of the day had terminated, as a subject of special importance to them would be introduced. When the Professor had retired from the hall and quiet had been restored after the confusion incident to the dismissal, a member of the class was called to the chair, and it was found that about 150 students had accepted the invitation to remain. One of these then stated the object to be the consideration of the question of the admission of women to the clinic lectures. Speeches were made generally adverse to the admission of women and favorable to the students in the University of Pennsylvania and the Jefferson Medical College of Philadelphia, who have resisted and still resist the admission of women to the lecture halls of their respective institutions. No action of a definite nature, however, was taken, most of the students apparently preferring to accept the suggestion of one of their number, that



they had better proceed with caution, and await developments in Philadelphia. It is understood that another meeting of the students will be held at an early day, and it will then be known who are and who are not in favor of the admission of women to the clinic lectures.

We are sorry to see that even the *New York Medical Gazette*, which ought to have been better informed, joins in the general hue and cry about the behaviour of the students here, and indulges in such unseemly expressions as "a most disreputable type of saw-bones," "ill-mannered male companions," etc. Medical journals should form opinions on some better ground than popular prejudice, or if they cannot, should keep their opinions to themselves.

#### A GOOD SUGGESTION.

A correspondent writes that it is the duty of every medical man to exert himself to secure for the naval medical officers a more dignified and just position. Physicians, especially those who live in the country, have some political and personal influence, and this they should exert in behalf of their profession. Certainly it is to the interest of us all that the physicians in the navy should have a position fitting their acquirements, and the importance of the services they render.

## Notes and Comments.

#### Infant Mortality.

Dr. EDWIN M. SNOW, Registrar of the city of Providence, calls attention in his last monthly report to the prevalence of infant diseases and their cause. He says:

Though the percentage of infantile mortality in the city of Providence is comparatively small, being constantly very much less than in all other cities of equal or greater size in this country, yet it is even here altogether greater than it should be. It would be difficult to give any good reason, in accordance with nature or good sense, why in the pleasant month just past, 41 of the one hundred decedents should be less than five years of age. And this proportion is less than during the summer months, and less than in other cities.

This large loss of infant life in our American cities is usually ascribed to the effects of impure air, and this is undoubtedly true to some extent, especially in the summer season. But the loss of infant life is not confined to the summer season, nor to sum-

mer complaints, so called. The loss goes on in cold weather as well as warm, and lung fever, convulsions, congestion of the brain, and of the lungs, &c., destroy far more children than cholera infantum and diarrhoea.

The truth is, the chief cause of infantile mortality is not more the weather, or foul air, than the ignorance and false pride of the mothers. Children are killed by the manner in which they are dressed, and by the food that is given them, as much as by any other causes. Infants of the most tender age, in our changeable and rough climate, are left with bare arms and legs, and with low-neck dresses. The mothers, in the same dress, would shiver and suffer with cold, and expect a fit of sickness as the result of their culpable carelessness. And yet the mothers could endure such a treatment with far less danger to health and life than their tender infants.

A moment's reflection will indicate the effects of this mode of dressing, or want of dressing, on the child. The moment the cold air strikes the bare arm and legs of the child, the blood is driven from these extremities to the internal and more vital organs of the body. The result is congestion, to a greater or less extent, of these organs. In warm weather, the effect will be congestion of the bowels, causing diarrhoea, dysentery, or cholera infantum. We think that this mode of dressing must be reckoned as one of the most prominent causes of summer complaints, so-called. In colder weather, congestion and inflammation of the lungs, congestion and inflammation of the brain, convulsions, &c., will result. At all seasons, congestion, more or less, is caused, the definite effects depending upon the constitution of the child, the weather, and various other circumstances.

It is painful, extremely so, to any one who reflects upon the subject, to see children thus decked like victims for sacrifice, to gratify the insane pride of foolish mothers. Our most earnest advice to all mothers, is to dress the legs and arms of their children warmly, at all events. It would be infinitely less dangerous to life and health to leave their bodies uncovered, than to leave their arms and legs as bare as is the common custom.

#### Absinthe.

Our readers are probably aware that there has been a long and animated discussion in the English journals on the alleged poisoning produced by this favorite *liqueur*. It seems to have been decided that the alcoholate of absinthium produces a peculiar intoxication, and destroys the nervous powers more rapidly than other spirits. There is a club, or was a club, in Paris called *les absintheurs*. It numbered twenty members, who agreed to drink no liquor but absinthe. The members were elected for life, which

usually meant three years! Such is the tale. It is also said that absinthe is publicly sold in New York, and it is proposed to apply at once that universal cure-all, an act of Legislature, to prohibit it.

As long back as our memory goes it has been sold over the bars of the leading restaurants in this city, and we do not believe that the absinthium has anything to do with its noxious properties. These no doubt it has, but it owes them to the vile proof spirits or "high wines," of which it is compounded, and is not one whit worse than the "Bitters" advertised in all our newspapers, which are all made from a similar deleterious form of alcohol.

#### A Foolish Story.

We have received from two correspondents an extract attributed by the *Pall Mall Gazette* to a French Medical Journal which does not exist (or did not a few months ago.) Said extract describes a wonderful operation performed in Brazil, where one criminal's head was cleanly shaven off his trunk and placed on the neck of another criminal, who had been similarly treated, and the head united by the first intention! This is a fair joke on our French medical brethren who have been running wild lately on *la greffe animale*. And it is possible that it has found among the laity souls credulous enough to swallow it.

#### Medical Journals.

We notice the following recent changes in medical journals:

The *Medical Reporter*, of St. Louis, was sometime since merged into the *Medical Archives* of that city. A good move; there were too many journals there. The *Archives* is a good journal. St. Louis now has two good journals, the old *Medical and Surgical Journal*, published bi-monthly, and the *Archives*, published monthly. The *Chicago Medical Journal* has passed into the hands of W. B. KEEN & COOKE as publishers, and is changed from a semi-monthly to a monthly. It is now one of the neatest journals on our table. Drs. J. ADAMS ALLEN & WALTER HAY are still the editors. We hope the improvement in the journal will extend to the editorial pages. Cannot the editors get a better term than "Loot" for their extracts from other journals?

Dr. E. GAILLARD, we are glad to observe, promises a reform in his excellent journal, the *Richmond and Louisville Medical Journal*, in the matter of personalities, which are to be left out hereafter. Will the *Nashville Journal* follow so good an example? We would suggest to Dr. GAILLARD one other change, and that is of title. Can it not retain the field without the "Richmond?"

Dr. E. H. M. SELL, an industrious and intelligent physician of New York, has become editor of the *Physician and Pharmacist*. He manages to

get an immense amount of information into it—though it is painfully mixed up with advertisements. Better separate them.

A new journal comes to us from Oregon—*The Medical and Surgical Reporter*—a very unfortunate name, for within the past twenty years almost as many journals have taken that name, and all but one have "gone dead." We hope better things of this particular journal, which is published by the medical faculty of Willamette University. There is the error. Cut it loose, and let it not be tied down to represent any special interest! Dr. E. R. FISKE is editor. It is published monthly, at Salem, at \$4 a year.

It is proposed to start in Dublin, Ireland, a new weekly medical journal of high character. We expect to effect an arrangement with it which will be greatly to the advantage of our readers who may desire a good foreign medical journal.

#### A Hard Case.

The stupidity and ignorance of Coroner's juries is proverbial. But they have not always been malevolent as well, as it seems to us was the case with a jury in New York recently. Dr. MARVIN S. BUTTLES, a well-known physician of that city, and Professor of Obstetrics in the New York University, was called on to operate on a man for hemorrhoids, without fee, or hope of pecuniary reward, but purely in charity.

He took with him his assistant, intending to administer chloroform. Before doing so, however, and while turning the patient in bed, he died. Mary McGrath, a daughter of the deceased, testified that on returning home from work she met Dr. Buttles, and was informed by him that her father was dead. She asked if he had taken chloroform, and the doctor replied that he had not. After death, Dr. Buttles gave a certificate that death had resulted from dysentery and general debility. Dr. Buttles testified positively that he gave the patient no chloroform. Dr. Thos. C. Finnell and other physicians made a post-mortem examination of the body of deceased, and found that he had died of syncope. His heart, liver, and other internal organs were very much diseased, and death would have followed from the slightest cause. The jury rendered a verdict "that the deceased came to his death from syncope, whether from the administration of chloroform or not, from the testimony the jury are unable to determine. We consider Dr. Buttles deserving of censure for falsifying certificate of death."

#### Vulgar Errors.

That distinguished physician, Sir Thomas Brown, wrote a curious treatise, which he entitled "Vulgar Errors." In spite of our boasted enlightenment he might largely increase his volume did he live to-day. Dr. PAUL F. EVE has recently delivered an introductory lecture on the same subject, containing most just strictures of the ignorance of the public in medical matters. It is entitled "A Consideration of

some of the many Popular Errors in regard to Medicine and Medical Practitioners," and is reprinted in pamphlet form from the *Medical Archives*. We wish it could be distributed and read by the thousands as it is time that the ridiculous paragraphs about swallowing snakes, sleeping girls and miraculous operations and cures, were discarded by an intelligent press.

#### Soft Syphilitic Node.

In the *Lancet* for March 27, 1869, p. 429, it is stated that at the Middlesex Hospital a lad had just been admitted, under Dr. Murchison, whose wrist, at a casual glance, would suggest the idea of acute rheumatism. But, examined carefully, it is found that there is a puffy swelling *above*, not *in*, the joint. It is elastic and painless, and the movements of the digital tendons are not affected by it. On his sternum, in the right posterior triangle, and on the right shin, are similar swellings, and eight months ago he had one on the head. Syphilis acknowledged nine months ago, followed in three or four weeks by great headache, and appearance of the node. He has had spots, and some, but not severe, sore-throat.

#### Women at Clinics in New York.

Our New York correspondent writes: "In New York the medical students are much more gallant than their brethren in Philadelphia. They permit the female students to be present at all the clinics without any manifestation of unpleasantness; and occasionally we have seen a flirtation carried on by way of comparing notes. Of course this is exceptional, but none the less a fact."

#### The Sanitary Influence of Sunlight.

DR. JOHN H. GRISCOM, of New York, delivered a lecture recently in New York on this topic. He treated the subject with ability, and in such manner as deeply to interest his audience. Such a lecture deserves to be heeded in New York with its narrow streets, tall houses and cellar population of 20,000.

#### Vaccine Virus.

Will some of our readers send us some vaccine virus immediately. They must co-operate with us in order to enable us to keep up an exchange for the accommodation of the profession.

#### Personal.

Dr. H. Knapp, late Professor in the *University of Heidelberg (Germany)*, and now of New York, has been constituted an honorary member of The O. Æ. Society, No. 1, of Bellevue Hospital Medical College.

## Correspondence.

### DOMESTIC.

#### Life Insurance.

EDS. MED. & SURG. REPORTER:

Some twenty years ago I was overtaken by a pecuniary disaster that almost reduced me to absolute poverty, recovering from which my mind was directed to the subject of Life Insurance, then in its infancy, with little experience by those controlling it—its premiums high, and its policies full of restrictions and other objectionable features, now entirely done away with—I, however, became convinced of its value and availed myself of its advantages. The more I studied its workings the better satisfied I became, and since that period have been an earnest worker, both professionally and otherwise, in advancing its interests. What I say, therefore, is the result of an unusual experience, and as I speak of that which I know I should be entitled to a candid hearing.

Companies may be imposed on by unprincipled agents, some medical men may have distorted facts and given false certificates, but the companies ought not to be blamed for this, as they endeavor to procure the best talent possible; this their own protection would dictate; but if an improper person is sometimes selected by an unscrupulous agent it is soon discovered, and I have known them to be promptly discharged. It is a matter to be deplored that such men get into the profession, but until a higher standard is required for admission we will have to submit to the disgrace—the same class are to be found in the legal, and the clerical is not exempt.

I have said that most of the restrictions have been abolished; this holds good with nearly all the older companies, and all those organized during the last few years. As they have obtained experience they have become more liberal, so that at the present time I venture to affirm the advantages are altogether in favor of the assured. The contract of insurance has obligations on both sides. If you pay the premium for one or two years' insurance, and have lived through the term, you have received an equivalent for your money, and the contract is ended, just as in a contract for the rent of a house. If you failed to pay your landlord at the expiration of the time agreed on you certainly could not claim the privilege of remaining in his house, and I cannot, for the life of me, see upon what ground you can claim either your money or a longer continuance of the policy if you failed to pay your premium, or otherwise fulfil your contract. With this view of the question I fail to see the unfairness or injustice you refer to. But this is not all. Companies do not forfeit policies if they are notified in a reasonable

time; it is their interest to keep them alive; but if a person neglects to attend to the matter until months after his payment is due it is his own fault if the risk is marked off.

A company would make a very sorry exhibit to keep liabilities in force, long after it failed to receive the sum upon which its payment at maturity is based. If your clerical friend is in possession of an endowment policy, upon which he has paid two or more premiums, he can suffer no loss by its abandonment, unless by his own utter neglect, as I know of no company in the United States, that will not cheerfully give him a paid up policy for an equitable proportion of the full amount of his policy. I say further that no person insured, need lose one dollar by said insurance, in case misfortune rendered him unable to pay the premium, unless by his own neglect, as the majority of companies will give him its surrender value in money, or its equivalent in a paid up policy. There may be apparent unfairness in some cases, but the vast and beneficent advantages to all classes, and especially to physicians, so greatly outweigh them as to render them scarcely appreciable.

The system is based upon fixed and permanent natural laws, and in many States, to proper legislative restriction and supervision. Especially New York and Massachusetts. No other investment can be more secure. It is one, if not the leading monied institution of our country, and I am fully satisfied that none are better managed—there is no class of men more intelligent, or more devoted to their duties than our life insurance officers—they have grave responsibilities, and they meet and discharge them in the spirit of right and justice.

I have been insured for many years and of course paid a large sum of money in premiums, yet the solid satisfaction and comfort I have derived therefrom, when prostrated by sickness—in the knowledge that my family would be well provided for, in the event of my decease, has been a full compensation for all the money expended.

I might go further into the details of the various forms of insurance, giving you a history of the various mortality tables—the rates of interest adopted by various States, by which you would fully understand the difference in the value of assets, etc., etc., but I am admonished by your remarks, that these are questions you do not wish to discuss.

In conclusion, however, as you have mentioned the name of one company, as well as its chief medical officer, I beg to say a few words in reference to them. I know Dr. DERBY well, who, though he may be given to fine or extravagant writing when speaking of his own company, is none the less a well educated physician, well and favorably known to the profession in New York. He is a prudent and very careful officer, and a gentleman under all

criticised in my favorite medical journal. The *Knickerbocker*, with which he is connected, is one of the oldest life institutions in the country, well and favorably known throughout its whole extent. It is prompt and liberal in the payment of its losses, as many families in this city can testify.

Philada., 11th mo., 13th, 1869.

VINDEX.

### The Intestinal Tube.

EDS. MED. AND SURG. REPORTER:

Dr. Hays' article in No. 662 of MEDICAL AND SURGICAL REPORTER, on the use of the long tube in colic, hernia, etc., was well timed—a process which is so perfectly safe and effectual as far as we can judge. It is strange it is so neglected. Perhaps because it takes so much time, and is not safely used, except by a physician. The great point, I think, is to *pass constantly a stream from the tube ahead of its own passage*. The bougie can be passed, by the pressure of the thumb and finger in this manner, but occasional rotation backward and forward must be made. I have often introduced it the whole length, or over two feet, by pressing it in this manner, a good warming in hot water and oiling being premised. I give you three cases:

July, 1869. John B.—, thirty-four; healthy; had no evacuation, by his account, for five days; free vomiting and tympanitis in great pain; salts, oil, cath. pills, and injections had been tried by the family to no purpose. Gave morphia gr.  $\frac{1}{4}$ , calomel grs. x, immediately, in a few moments, passed long tube very easily, patient lying on left side, injecting fluid ext. belladonna  $\mathfrak{zj}$ , water Oliv., oil of turpentine  $\mathfrak{zj}$ . M.; retained ten minutes; repeated, varied by salt and water, and air six times in 24 hours. No result. Cal., camph. and opii pill every four hours. Seventh day, morning, pulse 120; great pain and enlargement of abdomen with tenderness, stercoraceous vomiting, etc.; patient calls loudly for the injection. Gave belladonna, turpentine, etc., as at first; not retained more than fifteen minutes; wind passes freely, and a little dissolved fecal matter, and a slight color not noticed before; better at night; quieted by a pill of ext. belladonna gr. j., cal. gr.  $\frac{1}{2}$ . every two hours; vomiting still very offensive. Morning of the eighth day copious stools, and well.

October, 1869. Wm. S.—, fifty-four, machinist; spare and nervous; had been under the care of a noted quack for two days; bowels had not moved for a week; is subject to colic, he says; pulse 104 and weak, and constant vomiting, stercoraceous, caused by podophillin in part, I think, and injections of lobelia, and general quaking ad nausea; carbolic acid grs.  $\frac{1}{2}$ , calomel grs. xv., syrup f.  $\mathfrak{zj}$ . M., was given; hypodermic injection over stomach, morph. gr.  $\frac{1}{4}$ . Injections with long tube from stomach pump as before; pulse weak, 118; abdomen very full and



cal matter every half hour; morphia  $\frac{1}{4}$  gr. given at eleven has procured at once ease, but no sleep in the night; ext. belladonna, ext. hyosciamus aa  $\mathfrak{zj}$ ., calomel  $\mathfrak{zj}$ ; pills xv.; one every two hours, and injections of water and turpentine as before. 8 o'clock P. M., and the ninth enema procured free passage.

November. I. L.—, nineteen, machinist; strong, healthy; two months ago attended him with colic of three days standing, removed by common treatment. Friday, Nov. 5th, ate a pint of raw chestnuts, bowels had not moved, however, in two days before; took common pills, salts, and oil with no results. Saw him on the 7th, pulse 100, skin dry and hot—tongue coated—had vomited slightly; calomel, camph., aa. grs. x; make 10 pills; one every two hours, ordinary injections, salt and water. 8th, about the same, easier, but injections bring nothing; pills continued. Long tube used four times, once air, which distended the abdomen and gave much pain; others, salts, belladonna, turpentine, etc., as before. Piles painful, but the bougie did not pain him in passing, only he said it made his "belly feel queer." Fœcal vomiting once at night—two quarts, terribly offensive—no result. Pills continued. 9th day, pulse 118, abdomen distended and painful. Tube passed, injection of smoking tobacco,  $\mathfrak{zj}$  to  $\mathfrak{Oj}$ , prostrated him very much, but gave no relief. Fœcal vomiting continued; gave hyosciamus and belladonna pill, as before, every three hours. Four enemas of turp. oil and water given; no action, but kept easy with the pills and hot fomentations, which were freely used in this and the other cases. 10th day, Dr. W. NASH saw the case with me, recommended ol. tigli; three pills given,  $1\frac{1}{4}$  drops in each, retained for two hours, and rejected by stercoraceous vomiting. Pulse 115, tongue darkly coated; cal., camph. and opium pills, every two hours. Dover powders, grs. xij, every 6th hour, urine passes more freely. 11th. Pulse, etc., not changed; pills, etc., continued. The long injections gave great relief to the immense tympanitic distension; tube passes the whole length to the pump itself, with no difficulty. Injection of turp. oil and water does the best; two or three lumps, size of a marble, and some shreds, came away. 12th. Pulse 120, abdominal pain and swelling great; no fœcal vomiting for 12 hours. Full warm bath ordered, with hop foment; 4 long enemas given as before. Injecting pipe at last would not pass more than 10 inches. Dover powders, grs. x, calomel grs. ij, every three hours; sleeps but little, breath short and distressing. 13th. Morning, looks better, had some sleep, pulse 105, distension great, but feels easier, some small lumps of dejection once; treatment continued; 4, p. m., had three copious, offensive stools; feels, he says, well, and recovered enough to travel on the 15th.

I make the following suggestions: the tube I think passes easier with the patient on the left side, half raised, than turned over on the back; man-

lations are apt if much used to stimulate peristalsis, and force away the injection. I use the longest tube, the larger the bulb the safer. I use Dr. HAYS' formula, omitting the egg, in preference to any other, and allow the rectal part of the injection—when the pipe is passed higher—to pass by its side. The belladonna pill I like best, only all extracts I can get are found uncertain. Most of the cases I have seen were without any discoverable tumor, and the locality of the obstruction uncertain. I think the last was one intussusception. I have no doubts on the safety or passage high up of the tube, as it is not painful generally, and I have traced the bulb with my fingers high up in the colon. The only resistance of any consequence is at the sphincter and which may deceive the operator.

H. L. W. BURRITT, M. D.

Bridgeport, Conn.

#### Selling Diplomas.

EDS. MED. AND SURG. REPORTER:

In the September (25th) number of the REPORTER there was a note in regard to the selling of diplomas by some medical college of Philadelphia. It seems that a morning paper had made the charge, but had not designated the institution. Now, sir, I have in my possession the evidence to prove that the "Philadelphia University of Medicine and Surgery" is engaged in the above business. If they deny the charge I will produce the proof if you will publish it.

Respectfully,

J. T. DAVIS, M. D.

Laconia, Indiana, Nov. 22, 1869.

#### The Sewing Machine.

EDS. MED. AND SURG. REPORTER:

Much has been said and written lately in regard to the injurious effect of sewing machines upon the health of women. Every physician of extensive practice in diseases of women, has no doubt lamented that so useful a labor-saving machine should be the cause of so much suffering and disease.

The constant concussion of the present motion, as it is communicated to the spine and pelvic ganglia, lays the foundation of many grave disorders of those parts, and aggravates all diseases of a nervous origin.

The excellent article in your last Journal reminded me of what I intended to have done long ago, had it not been for the modesty of the inventor, that is to call the attention of physicians, to a simple alteration of the motive power of sewing machines, perfected after patient trial, and patented by Mr. Charles Richardson, of Auburn, N. Y., and which can be attached to nearly all the machines now in use at a reasonable cost.

tion of the legs below the knees—the feet being held in shoe stirrups. There need be but the slightest motion above the knees, and none of the hips.

This improvement has been thoroughly tested in this city, and is coming into general use here, much to the comfort and satisfaction of those who constantly use a machine.

EDWARD HALL, M. D.,

Auburn, N. Y., Nov. 15th, 1869.

## NEWS AND MISCELLANY.

### Adulterating Liquors.

An exchange says that there may be seen daily on Chestnut street, Philadelphia, a man clad in faultless apparel, with a great diamond upon his breast, vainly endeavoring to outglitter the magnificent solitaire upon his finger. In a German university he learned chemistry, and not even Liebig knew it better. His occupation is the mixing and the adulteration of liquors. Give him a dozen casks of deodorized alcohol, and the next day each of them will represent the name of a genuine wine or a popular spirit. He enters a wholesale drug store, bearing a large basket on his arm. Five pounds of Iceland moss are first weighed out to him. To raw liquor this imparts a degree of smoothness, of oleaginousness, that gives to imitation brandy the glibness of that which is best matured. An astringent called catechu, that would almost close the mouth of an inkstand, is next in order. A couple of ounces of strychnia (*nux vomica*?) next called for, are quickly conveyed to the vest pocket, and a pound of sulphate of zinc (white vitriol) is as silently placed in the bottom of the basket. The oil of cognac, the sulphuric acid, and other articles that give fire and body to the liquid poison, are always kept in store. These things are the staples of his art, and the mixer buys them at different places. Chemistry alone discovers the cheat. Among drinkers the question is asked with alarm, "Have we Bourbon among us?"

Cocculus Indicus, sulphate of iron (copperas), and other articles, that we have not time to enumerate, could have been added to the above list.

### Food of Chinese Laborers.

At a recent sitting of the Vienna Society of Physicians, Dr. Herzfelder read a paper from Dr. Scherzer, of the Austro-Asiatic expedition, dated from Pekin, giving information about the so-called "Toa-Fu." The Chinese prepare from pounded leguminous plants, with which gypsum and water are mixed, a food (Toa-Fu) which resembles clotted milk, and which, when cooked, is eaten every day by the working classes. A laborer there earns daily about five cents, gold, and is fed by his

employer. The workman receives in the morning a soup of Toa-Fu, rice and root vegetables; at mid-day, root vegetables, rice and beans; and at night, farinaceous food, root vegetables and rice, all of which do not cost over six or seven cents per day.

### The New York Academy of Medicine.

The twenty-second anniversary of the Academy of Medicine, New York, was held at the College of Physicians on the evening of October 11th. The address was delivered by the President, GOUVERNEUR M. SMITH, M. D. In the course of his remarks he said:

"Of the thirteen Fellows who have presided over it since its inception in 1846, nine have been gathered to their fathers; and it is a noteworthy fact, strongly disproving the frequent assertion that medical science tends to materialism and infidelity, that they all died rejoicing in Christian faith and hope. Since the last anniversary death has also removed from the Academy, O'Reilly, Enos, Stevens and Guilford, 'men who would have adorned any calling, and of whom the profession has reason to be proud.'"

### Intemperance.

DR. DRUITT, of London, finished an address before the Health officers recently with the following conclusion.—1. That the secret drinkers, for the most part, may be restored by kind medical treatment. 2. That public drinking can only be put down by improved public opinion, education, and circumstances. 3. That every possible restriction be put upon the sale of spirits, especially on Sundays, and that power be given to the ratepayers to veto the establishment or licensing of public-houses. 4. That habitual drunkards be encouraged to become teetotallers. 5. That the teetotal system operates beneficially, not by the pledge, which is often broken, but by the system of lectures and other means of moral and theological excitement. 6. That it were wise policy to provide rational amusement and wholesome refreshment at cost price for the masses. 7. That open drunkards be punished. 8. That drunkenness, together with the lesser forms of insanity, extravagance, gambling, betting, violence of temper, and other ruinous indulgences be subject to a Court of Chancery (?) at the instance of the persons on whom the care and maintenance of such drunkard, gambler, etc., would fall in the event of ruin. 9. That open drunkards be punished, and houses in which drunkenness is permitted be shut up. 10. That the common education of all classes is defective in moral teaching, and in training in the practice of abstinence.

—A mother who was frightened some months back at seeing a wagon run over a dog, gave birth to a child, in Medina county, Ohio, a few days ago, with one hand shaped like a dog's paw.

—A telegram from San Francisco announces the death of Dr. Frank Hamilton in that city on Friday, the 5th instant. The sad intelligence will be read with mingled sorrow and regret, not only by the bereaved family, but by his many friends in New York. He was the son of Dr. Frank H. Hamilton, the celebrated surgeon and professor at Bellevue, in New York city. He was a young man of more than ordinary ability. He graduated at Union College, and soon after was appointed a First Lieutenant in a New York regiment. He served with distinction in the Army of the Potomac, resigned this position toward the end of the Rebellion, and entered business in California.

—THE weather for October, as recorded at the Pennsylvania Hospital, varied from 70° Fahrenheit on the 2d, to 34° on the 31st. Fifteen days were clear and seven rainy, with very heavy rain on the 4th, and the remaining nine days were cloudy and variable. October 3d was the occasion of the heaviest and most widely extended freshet ever known in the Middle States and New England. At Springfield, Mass., 8 inches of rain fell, and in New York, 4.21 inches.

—A FEMALE MEDICAL SCHOOL for natives has recently been established at Bareilly, India, under the charge of Dr. Corbyn and Baboo Gungar Pershad. The female students, it is asserted, have shown great quickness and aptitude for the art of medicine, and have made surprising progress. The founders of the school have made application for aid from the Government, in order to carry on the institution on a larger scale.

—"Professor," said a student in pursuit of knowledge concerning the habits of animals, "why does a cat, while eating, turn her head first one way and then another?" "For the reason," replied the Professor, "that she cannot turn it both ways at once."

—DR. WM. BELL, a well known physician of Xenia, died on the 11th ult., at the age of seventy, wanting eighteen days. He was a native of Pennsylvania, but had lived in Green county, since 1810.

## Army and Navy News.

### The U. S. Navy Medical Department.

The *Medical Gazette* gives the following copy of a letter repudiating the statements made by Surgeon N. Pinkney, before the American Medical Association at New Orleans, in May last, generally signed by the Medical Officers of the U. S. Navy, and dated July, 1869.

"Lest a false impression may be created by Surgeon Pinkney's statement, made to the American Medical Association, at its annual meeting held at New Orleans, La., in May last, that the Medical corps was never placed on a firmer basis than at the present moment, the undersigned deem it proper to say that, although Dr. Pinkney was detailed at his own request to represent the Medical Corps on the above mentioned occasion, they repudiate his whole speech in letter and spirit, because it is not an exposition in any degree of the views of the corps. And they declare that the Medical Officers of the Navy are thoroughly dissatisfied with the position to which they have been recently reduced, and that they are alarmed at the still further reduction proposed in the bill of Senator Grimes, even with those modifications which Dr. Pinkney states would render it acceptable to him; and therefore they invoke Congress to secure them by law a just position or rank, with its corresponding privileges and immunities, in the naval service."

It may be interesting and significant to add that the above mentioned statements of Dr. Pinkney have been published by *the Line*, and are industriously and extensively circulated to give the false impression that the Medical Staff is content with its humiliated position—and also, that Dr. Pinkney, by order of the Navy Department, is engaged in inspecting the hospitals of Europe.

## OBITUARY.

### C. G. STEDMAN, M. D.

On Thursday evening, October 28th, the O. A. Society of Bellevue Hospital Medical College met for the purpose of transacting their usual routine of business, which having been disposed of, Doctor Edward C. Harwood, the President, announced the death of C. G. Stedman, M. D., a former Secretary, and alluding to his past career, spoke of the high estimation in which the deceased gentleman had been held by all who knew him. On motion it was unanimously

*Resolved*, That a committee be appointed to draft suitable resolutions, and Doctor McDonald, of the Kings County Hospital, was requested to prepare a eulogy which was read at the last session of the society, together with the annexed resolutions.

Whereas, The O. A. Society No. 1, of Bellevue Hospital Medical College have heard of the demise of Dr. C. G. Stedman, a former Secretary of this organization, a gentleman esteemed for his many valuable qualities as a man, student and practitioner.

*Resolved*, Therefore that we recognize in the death of our former associate a loss to the Profession at large, and while bowing to the will of Providence, beg leave to condole with his bereaved family.

*Resolved*, That a copy of these resolutions expressive of our own feelings upon this sad occasion be entered on the records of the society, and a copy sent to one or more Medical Journals for publication, and to his wife and family.

ROBT. TAYLOR,  
C. F. MACDONALD, M. D., } Committee.  
S. N. LEO, M. D., }

### EULOGY—By C. F. MACDONALD, M. D.

*Mr. President and Fellows of the O. A. Society:*

We have assembled here to-night upon an occasion of extreme yet saddened interest. The fact of death itself even among our own profession who necessarily see so much of it, generates in the heart peculiar emotions. It is a fact that calls up the most serious reflections. Let it invade our circles in whatever manner it may, it casts a dark, deep shadow and leaves its vestige of sadness. This shadow steals down upon us, and like the black wing of the eclipse, shuts out the sunlight.

The information of the sudden demise of our highly esteemed brother, Dr. Chas. G. Stedman, thousands of miles removed from us across the green prairies of the

far West, reaches us and casts about us its black shadow, a shadow not like that of the eclipse, soon to pass on, but a shadow that in some circles and in some hearts cannot be lifted this side of the eternal world.

Our brother whose loss we mourn to-night, was well known to many of us here, and a few words regarding some of the important events of his life may prove of interest.

Dr. S. Edman was the third son and fourth child of the late Gen. Wm. Stedman, of Randolph, Ohio, and was born in that town October 13th, 1845, and was in the 24th year of his age. Up to March, 1861 his life possessed no event of material interest not common to farmer lads.

In March, 1861, he entered the army as a private in the Sixth Ohio Volunteer Cavalry, was afterwards promoted to the rank of 1st Lieutenant for faithful and meritorious service, which rank he held until the close of the war, when he was honorably discharged. After leaving the army he taught in a public school in Ohio for one term, and then completed his medical studies. He attended two full courses of lectures at Bellevue Hospital Medical College, and graduated in March, 1868, with the usual honors. While attending lectures he became an active member of the O. E. Society, serving one full term as Secretary, and the zeal, ability, punctuality and fidelity with which he performed the duties of his office are beautifully characteristic of that ardent devotion to duty and rectitude of principle which characterized his short but useful career.

After graduating he was married to Miss Mollie Hamilton, of Randolph, an amiable woman, who now deeply mourns his loss. In April, 1868, Dr. Stedman accepted an appointment on the medical staff of Kings County Hospital, Flatbush, L. I., where he remained until the autumn of '68, when he returned to Ravenna, Ohio, to enter into private practice as a partner of Doctor A. Belding, one of the best physicians in the State.

As a practitioner Dr. Stedman was remarkably successful, and bled fair to become a bright star in the profession. He performed one successful amputation of the lower extremity; also a number of minor operations. He was kind and attentive to his patients, and on account of his many virtues won the love and esteem of all who knew him. But his life of usefulness was soon cut short. Early in the spring of 1869 the occurrence of cough, night-sweats, hæmoptysis and emaciation proved beyond a doubt that that much dreaded malady, phthisis pulmonalis, had developed and established itself in his lungs. In the hope of deriving some benefit from change of climate, he went to Iowa in the latter days of June. Soon after arriving there he experienced another severe attack of hæmoptysis, which reduced him very much in strength. After this he improved somewhat and removed to Shakopee, Minn., apparently continuing to improve. On the afternoon of the day of his death he rode for several hours, and expressed himself to his wife as feeling almost well, but the amendment was illusory. The flame leaped up in the socket with a sudden warning blaze to be the sooner extinguished. But a few moments before he died he was taken with a violent chill, rapidly followed by another. A moment more and a gentle warmth pervaded his body, and at 7.40 P. M., nature and his labors both exhausted, his beautiful and gentle life ended in a death as gentle and beautiful.

"They thought him dying when he slept,  
And sleeping when he died."

The remains were sent to the home of his childhood, in Randolph, for interment, and now lie quietly sleeping with others of his kindred in the cemetery at that place.

Gone before us, O our brother,  
To the spirit land!  
Vainly look we for another  
In thy place to stand.  
Who shall offer youth and beauty  
On the wasting shrine  
Of a stern and lofty duty,  
With a faith like thine?

Early hath the spoiler found thee,  
Brother of our love!  
Autumn's faded earth around thee,  
And its storms above!  
Evermore that turf lie lightly,  
As I with future showers,  
O'er thy slumbers, fresh and brightly,  
Blow the summer flowers!

If the spirit ever gazes,  
From its journeyings, back;  
If the immortal ever traces  
O'er its mortal track;  
Wilt thou not, O brother, meet us  
Sometimes on our way.  
And, in hours of sadness, greet us  
As the spirit may?

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

#### MARRIED.

**BEAVER-PATTERSON.**—Nov. 17th, at the residence of the bride's parents, by the Rev. C. McIlvaine, R. Beaver, M. D., and Mollie E. Patterson, both of Norristown, Pa.

**IRELAND-DE FOREST.**—On November 16th, 1869, at the Centre Church, New Haven, Conn., by Rev. Dr. Bacon, Mr. Joseph Ireland, of Cleveland, Ohio, and Miss Mary De Forest, daughter of Dr. Wm. B. De Forest, of New Haven.

**KEITER-ROOTS.**—In Caesar's Creek township, Green county, O., November 14th, at the residence of Mrs. E. Boots, by Rev. Ell Kirk, Dr. Edward F. Keiter and Miss Marot Boots.

**KNIght-MARLATT.**—On the 3d inst., near New Hampton, N. J., by the Rev. John B. Kugler, M. D. Knight, M. D., of Little York, and Mary A., only daughter of Paul Marlatt, Esq.

**MAHON-SMITH.**—Nov. 18th, at St. Luke's Church, Germantown, by the Rev. John Rodney, J. Alexander Mahon, M. D., of Camden, N. J., and Mary Bringhurst, daughter of the late C. Augustus Smith, of Cincinnati.

**METZGAR-LLOYD.**—On Oct. 28th, at the Presbyterian Church, by Rev. D. Harbison, assisted by Revs. J. S. Hawk and P. S. Jennings, Dr. L. R. Metzgar, of East Liberty, and Miss Jennie M., daughter of David Lloyd, Esq., New Salem, Westmoreland county, Pa.

**MCCORMICK-WOODS.**—On Tuesday, November 16th, at the residence of the bride's parents, by the Rev. Geo. Marshall, D. D., John C. McCormick, M. D., of Mt. Washington, Pa., and Miss Ada M., only daughter of John Woods, Esq., of Bethel, Pa.

**NOONAN-THOMAS.**—On Nov. 9th, by the Rev. Dr. John Foley, of St. Martin's Church, Baltimore, Dr. F. H. Noonan, of Covington, Ky., and Fanny, daughter of L. M. Thomas, Esq., of Frederick City, Maryland.

**TUCKER-FRAZIER.**—On Nov. 11th, at the residence of the bride's mother, at Point Isabel, by the Rev. Silas Bennett, Dr. W. E. Tucker, graduate of the Medical College of Ohio, and Miss Annie Frazier, all of Clermont county, O.

**TREADWELL-CLEMENT.**—By Rev. Patterson, Oct. 26th, at the First Methodist Church, Memphis, Tenn., Dr. J. C. Treadwell, of Swan Lake, Arkansas, and Miss P. W. Clement, of the former place.

#### DIED.

**GARRISON.**—Near Woodville, Tenn., Oct. 16th, Armar Garrison, youngest son of Dr. J. B. Garrison and Gulnare Garrison, aged 16 months and 2 days.

**LEE.**—At the residence of his son-in-law, J. Edwin Cendant, at Elizabeth, N. J., Dr. Edward S. Lee, aged 77 years.

**NEWELL.**—At Imlaystown, N. J., on the 22d of Nov., William D. Newell, M. D., in the 46th year of his age.

**READ.**—On Nov. 23d, at Mount Holly, N. J., Elizabeth Grandin, wife of Dr. Z. Read and daughter of the late William Wurtz, of Trenton, N. J.

#### METEOROLOGY.

NOV.	15.	16.	17.	18.	19.	20.	21.
Wind.....	W.	S. W.	S. W.	N. W.	S. W.	S. W.	W.
	Cl'dy	Cl'dy	Cl'dy	Clear	Clear	Cl'dy	Clear
Weather.		Snow	Rain.		Rain.		
Depth Rain			1 7-10		1 3-10		
Thermom...							
Minimum..	27°	24°	35°	30°	23°	40°	25°
At 8, A. M.	36	36	58	42	35	55	41
At 12, M.	40	41	57	45	50	53	44
At 3, P. M.	41	41	52	46	51	53	50
Mean.....	36.	35.50	50.50	40.75	39.75	50.	46.
Barometer..							
At 12, M.	30.1	30.1	29.6	30.	30.1	29.7	30.
Germantown, Pa.				B. J. LEEDON.			